

# WBCA Benevolent Fund

## Application for Financial Assistance



### What is the WBCA Benevolent Fund?

The WBCA Board of Directors has established the WBCA Benevolent Fund to provide financial assistance to WBCA active or associate members:

- (a) Who are or were not (in the case of job loss) high-income earners;
- (b) Who do not have reasonably adequate savings;
- (c) Who incur severe undue hardship through no fault of their own due to unforeseen or unavoidable circumstances such as an unexpected crisis, including unanticipated loss of employment that is not for cause; and
- (d) Who apply and are approved for such financial assistance by the WBCA Benevolent Fund Committee.

### Am I eligible to apply for assistance from the Fund?

- Are you currently a WBCA active/associate member in good standing and/or were you a member at the time the circumstances causing the undue financial hardship or the unexpected crisis first occurred or began to occur?
- Are you a retired or inactive coach who before you retired or became inactive was a WBCA active/associate member in good standing who has maintained WBCA membership since you retired or became inactive, and was a member at the time the circumstances causing the undue financial hardship or the unexpected crisis first occurred or began to occur?
- Do you believe you have a lawful and bona fide financial need that meets the standards of an undue financial hardship or unexpected crisis as defined below?
- Are you willing and able to substantiate your need in writing on the application and provide all documentation that is required?
- Are you willing to speak by phone with a member of the WBCA staff and/or committee to discuss and clarify information provided in your application?

### What is an undue financial hardship?

It is an extraordinary circumstance(s) particular to your situation, that you did not deliberately cause or was not caused by your negligence, which is/are of such magnitude or severity that you do not have or cannot raise sufficient money to reasonably expect a favorable outcome to the situation.

### What is an unexpected crisis?

It is any circumstance or combination of circumstances that create sudden and immediate expenses or pressing needs due to a sudden and unexpected calamitous or catastrophic event, which you could not possibly have anticipated or foreseen.

**Occurrences that may qualify as undue financial hardship or unexpected crisis.**

Examples of extraordinary life occurrences that may qualify as undue financial hardship or unexpected crisis include, but are not limited to, unforeseen expenses caused by:

- Sudden unexpected medical emergencies or family emergencies.
- Sudden unanticipated loss of employment for reasons other than cause.
- Acts of nature.

An application that successfully demonstrates one of these occurrences has a likelihood of being successful.

**Occurrences that DO NOT qualify as undue financial hardship or unexpected crisis.**

Common life occurrences that do not qualify as undue hardship or unexpected crisis include:

- Debts, losses or related obligations arising from business ventures, investments or anything intended to bring you financial profit.
- Credit card payments, except when it becomes necessary for you to use a credit card in an unexpected crisis.
- Non-essential payments such as cable TV bills, internet bills, routine home and vehicle maintenance or repairs or car accidents not resulting in severe or catastrophic injury, general dentistry, veterinarian bills, or medical needs for which insurance is available.
- Evading the law, seeking to make bail, or having to pay fines as a result of breaking the law.
- Attorney or other legal fees, garnishments, judgments, child support liabilities or settlements arising from civil litigation or criminal behavior.
- Gambling debts.
- Penalties relating to irresponsible actions.
- School tuition, fees or student loans.
- Living beyond one's means.

An application based on one or more of these occurrences WILL NOT be successful.

**How will my application be processed?**

Submit your application, along with all necessary documentation, by email to [jwatford@wbca.org](mailto:jwatford@wbca.org). Authorized staff will review your application to ensure it is complete and then forward it to the Benevolent Fund Committee for consideration. Staff will contact you if the committee requests additional information or seeks clarification on any of your responses. Staff will notify you by email as to whether your application is APPROVED or DISAPPROVED once the committee takes action.

Your application is confidential. It will be seen and handled only by authorized WBCA staff and the five members of the Benevolent Fund Committee. Neither your identity nor the fact that you applied for financial assistance will be disclosed to the WBCA Board of Directors, any other WBCA committee or individual member, or the public.

**If approved for assistance, how will it be paid?**

The WBCA office will mail you a check in the amount approved within five (5) business days of the committee's decision.

**Who do I contact if I have questions about the Fund in general, applying for assistance, or the status of an application I have made?**

Contact Jack Watford, WBCA director of communications, by email at [jwatford@wbca.org](mailto:jwatford@wbca.org) or by phone at 770-279-8027 ext. 112.



Women's Basketball Coaches Association Benevolent Fund

# Application for Financial Assistance

Read and follow instructions. Complete front and back of form. Provide all information requested. Submit by email to [jwatford@wbca.org](mailto:jwatford@wbca.org) or by fax to 770-279-8473.

FOR WBCA OFFICE USE ONLY

Received \_\_\_\_\_

Scheduled \_\_\_\_\_

Outcome \_\_\_\_\_

This application is a/an:  Initial request  Re-application If reapplying, how many times have you previously applied? \_\_\_\_\_

## APPLICANT INFORMATION

Name \_\_\_\_\_ Date of application (MM/DD/YR) \_\_\_/\_\_\_/\_\_\_

Mailing address \_\_\_\_\_  
Street, route, P.O. Box City State Zip Code

Physical address (if different) \_\_\_\_\_  
Street, route, P.O. Box City State Zip Code

Cell phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email address \_\_\_\_\_

Marital status  Single  Married  Separated  Divorced  Widowed

## EXPLANATION OF REQUEST FOR FINANCIAL ASSISTANCE

Basis for request:  Job loss  Serious illness/injury  Disaster  Death in family  Other \_\_\_\_\_

On what date did the circumstance leading to this request occur or begin to occur? (MM/DD/YR) \_\_\_/\_\_\_/\_\_\_

If death, what is your relationship to the decedent? \_\_\_\_\_ Date of death (MM/DD/YR) \_\_\_/\_\_\_/\_\_\_

Do you currently receive any type of federal/state financial assistance?  Yes  No If yes, type \_\_\_\_\_

Amount of financial assistance you are requesting \$ \_\_\_\_\_

Explain in detail the undue financial hardship (unexpected crisis or extraordinary life occurrence) that necessitates this request for assistance (attach separate sheet of paper if additional space is needed).

